

ATTACHMENT A

AUXILIARY POWER UNIT APPLICATION

All applicants must complete this form.

Please print or type all information on this and any attached applications.

APPLICANT INFORMATION:	
Organization/Company Name:	
Business type:	
Contact name:	
Mailing address:	
Vehicle base address (if different):	
Contact phone: ()	Fax: ()
E-mail:	
Geographic area served by organization:	
Number of heavy-duty vehicles in fleet:	

I hereby certify that all information provided in this application and any attachments are true and correct.

Printed Name of Responsible Party:	Title:
Signature of Responsible Party:	Date:

**AUXILIARY POWER UNIT APPLICATION
WORK STATEMENT/SCHEDULE OF DELIVERABLES
All applicants must provide the information specified on this form.**

Provide the information detailed below. Attach additional pages if necessary.

- A program schedule, with project milestones and dates clearly identified;
- Provisions for appropriate record-keeping during the life of the funded project. At a minimum, MDAQMD expects to receive the following reports:
 1. Quarterly status reports until the equipment purchase, repower or retrofit has been accomplished. These reports shall include a discussion of any problems encountered and how they were resolved, any changes in the schedule, and recommendations for completion of the project. These progress reports are required before payment will be made.
 2. An annual report, for the duration of the project life used to determine cost-effectiveness, which provides at least the total California hours idled, and operational and maintenance issues encountered and how they were resolved. MDAQMD reserves the right to verify the information provided.

**AUXILIARY POWER UNIT APPLICATION
EXISTING VEHICLE/ENGINE INFORMATION**

Complete one copy of this form for each vehicle to be equipped with an APU

GENERAL INFORMATION ABOUT EXISTING HEAVY-DUTY VEHICLE	
Vehicle make/model:	Model year:
Fuel type:	Engine make:
Engine model number:	Serial number of engine:
Horsepower:	Gross vehicle weight or vehicle class:
Primary function of vehicle (e.g., line haul, local delivery, passenger):	
Geographic area served by vehicle (if different from area served by organization):	
Estimated total annual hours idled:	Estimated total annual mileage:
Percent of idling within California:	Percent of idling within district boundaries:
Estimated annual fuel consumption (in gallons) for vehicle:	
Average vehicle life:	Typical rebuild frequency:
NO _x idling emission factor (g/hr) of existing engine:	

**AUXILIARY POWER UNIT APPLICATION
APU INSTALLATION SECTION**

Complete one copy of this form for each APU to be installed on a vehicle

NEW AUXILIARY POWER UNIT	
Engine make:	Engine model number:
Horsepower:	Model year:
Estimated remaining vehicle life (years):	Project life, if different (years):
APU fuel type:	APU load factor (%):
Idling substitution rate (%):	Installed cost of APU: \$
Funding request (\$1,500 maximum for diesel, \$3,000 maximum for alternative fuel or electric motor: \$	
Certified NO _x + HC emission standard (g/kW-hr) for APU:	
GENERAL INFORMATION ABOUT THE INSTALLER	
APU installer:	
Address:	
Phone: ()	
Contact name:	